



CHITKARA UNIVERSITY CENTRAL SOPHISTICATED INSTRUMENTATION FACILITY(CUCSIF)

Service Request Form

Name		Date	
Department		Name of Faculty/Guide	
Institute			
Complete Address			
Email address		Mobile No	

Service to be used (Please tick as applicable)

Equipment/ Service required	Tick <input checked="" type="checkbox"/>	Equipment/ Service required	Tick <input checked="" type="checkbox"/>
FT-IR		Nephlo Turbidity meter	
HPLC		pH Meter	
TDS Conductivity Meter		Potentiometer	
Cell analyser		Refractrometer	
Colorimeter		Tablet Disintegration Apparatus	
Conductivity Meter		UV Cabinet	
Colony Counter		UV spectrophotometer	
Digital Balance		Brookfield viscomter	
Disintegration Test Apparatus		BOD incubator	
Dissolution Test Apparatus		Hot air oven	
Electrophoresis		Muffle furnace	
Flame photometer		Fume hood	
Fluorometer		Refrigerator	
Friability Test Apparatus		Microscope	
Micro centrifuge PCR		Moisture balance	
Microwave Oven		Nephlo Turbidity meter	
Rotatory Evaporator		Refractrometer	
Chemical Oxygen Demand		Muffle furnace	
Computational Facility		Electronic Work Bench	

Sample Details

No. of Samples* :
Sample ID* :
Nature of Sample : Explosive/Toxic/Hygroscopic/ Light-Heat-Air sensitive
Additional Information like solidity, M.P., B.P., etc. :

 Signature of Authorized Person

For Office Use (Internal / Outside Samples)

Date	Receipt / Invoice No.	Amount (₹)

